EXHIBIT D

UCC FINANCING STATEMENTS

LOW INSTRUCTIONS NAME & PHONE OF CONTACT AT FILER (optional)		filed in the office of	f Document Nu 2019015	
CSC 1-800-858-5294 E-MAIL CONTACT AT FILER (optional)		Sarbar K. Cegavsi	Filing Date an	d Time
SPRFiling@cscglobal.com		Secretary of State State of Nevada	05/01/20)19 9:04 A
SEND ACKNOWLEDGMENT TO: (Name and Address) 1619 88769	-			
CSC 801 Adlai Stevenson Drive				
C	In: Nevada			
	(S.O.S.)	IVE SPACE IS FOR FILI	NG OFFICE USE (ONI Y
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full n	name; do not omit, modity, or abbreviate a	ny part of the Debtor's name); if any part of the In	dividual Debtor's
name will not fit in line 1b, leave all of item 1 blank, check here and provide the organization's NAME Examination Management Serving 1a. ORGANIZATION'S NAME Examination Management Serving 1b.	he Individual Debtor information in item 1	or the Financing Statement	Addendum (roim UC	
1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NA	ME(S)((NIT)AL(S)	İSUFFIX
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MAILING ADDRESS 3050 Regent Boulevard, Suite 400	CITY Irving	STATE POST	AL CODE 63	COUNTRY
MAILING ADDRESS SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY'S NAME MIDICAP FINANCIAL Trust, as Ager 3b. INDIVIDUAL'S SURNAME MAILING ADDRESS 7255 Woodmont Avenue, Suite 200*	FIRST PERSONAL NAME	Party name (3a or 3b) ADDITIONAL NA. STATE POSTA	ME(S)/INITIAL(S)	SUFFIX SUFFIX COUNTRY
, 200 Woodshort Wester, Salie 200	Bethesda	MD 208	14	USA
OLLATERAL: This financing statement covers the following collateral: Ill assets and all personal property of Debtor, whether		acquired, includir	ig all product	s and

	AME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if ecause Individual Debtor name did not fit, check there	line 16 wa	s left blank	•			
	9a. ORGANIZATION'S NAME						
	Examination Management Services, Inc.			•			
₹	9b. INDIVIDUAL'S SURNAME						
	FIRST PERSONAL NAME						
			I O METRIC				
	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX	THE ABOVE	SPACE	IS FOR FILING OFF	ICE USE ONLY
	DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or do not omit, modify, or abbreviate any part of the Debtor's name) and enter the n			line 1b or 2b of the	Financing S	Statement (Form UCC1)	(use exact, full nan
	10a. ORGANIZATION'S NAME						
	10b. INDIVIDUAL'S SURNAME						
	INDIVIDUAL'S FIRST PERSONAL NAME						
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)						SUFFIX
	MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
	11b. INDIVIDUAL'S SURNAME MAILING ADDRESS	FIRST PI	ERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S) SUFFIX COUNTRY
	ADDITIONAL SPACE FOR ITEM 4 (Collateral):						
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. [FINANCING STATES covers timber to be conjuiction of real estate:	ut covers as	extracted o	collateral is filed	as a fixture filing

CC FINANCING STATEMENT LOW INSTRUCTIONS NAME & PHONE OF CONTACT AT FILER (optional)						U File	are Department of State .C.C. Filing Section l: 06:57 PM 04/26/2019 tial Filing No: 2019 2915010
NAME & PHONE OF CONTACT AT EILER (antional)						Service	Request No: 20193256397
CSC 1-800-858-5294							
E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com							
SEND ACKNOWLEDGMENT TO: (Name and Address)							
1 6 24 62601		\neg					
CSC		•					
801 Adlai Stevenson Drive Springfield, IL 62703	Filed In	: Delaware					
	riled in	(S.O.S.)					
			THE ABO	OVE SPACE	IS FO	R FILING OFFICE U	SE ONLY
DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (use name will not fit in line 1b, leave all of item 1 blank, check here						s name); if any part of t tement Addendum (For	
1a. ORGANIZATION'S NAME EMS! Holding Company	,						
1b. INDIVIDUAL'S SURNAME		FIRST PERSONA	AL NAME	AI	ODITION	NAL NAME(S)/INITIAL(S	SUFFIX
MAILING ADDRESS 3050 Regent Boulevard, Suite	400	CITY		S ¹	ATE	POSTAL CODE	COUNTRY
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name will not fit in line 2b, leave all of item 2 blank, check here						s name); if any part of t itement Addendum (For	
name will not fit in line 2b, leave all of item 2 blank, check here			or information in item '	10 of the Finan	cing Sta		m UCC1Ad)
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6a. Check <u>only</u> if applicable and check <u>only</u> one box:	6b. 6	Check only if applicable a	and check only one box:
Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility	у	Agricultural Lien	Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seli	er/Buyer	Bailee/Bailor	Licensee/Licensor

UCC FINANCING STATEMENT ADDENDUM

NAME OF SIDOT DEDTOD. O	0	(aft blook				
NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing because Individual Debtor name did not fit, check here	Statement; if line 1b was	leπ blank				
9a. ORGANIZATION'S NAME		7.000				
EMSI Holding Company						
R 96. INDIVIDUAL'S SURNAME						
90. INDIVIDUAL S SURNAME						
FIRST PERSONAL NAME						
ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX				
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10b. INDIVIDUAL'S SURNAME			· · · · · · · · · · · · · · · · · · ·			
INDIVIDUAL'S FIRST PERSONAL NAME		, p**				
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INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)						SUFFIX
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	FIRST PE	RSONAL NAME			AL NAME(S)/INITIAI	L(S) SUFFIX
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11b. INDIVIDUAL'S SURNAME 1c. MAILING ADDRESS 2. ADDITIONAL SPACE FOR ITEM 4 (Collateral):		RSONAL NAME				
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tc. MAILING ADDRESS		RSONAL NAME				
Ic. MAILING ADDRESS		RSONAL NAME				
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CC FINANCING STATEMENT LLOW INSTRUCTIONS			U.C.C Filed: 06 U.C.C. Initial	Department of Sta Filing Section 157 PM 04/26/2015 Filing No: 2019 29 Hest No: 2019325
NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294 E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com				
SEND ACKNOWLEDGMENT TO: (Name and Address)				
1624 62937 CSC 801 Adlai Stevenson Drive Springfield, IL 62703 Filed	In: Delaware			
	(S.O.S.)			
			R FILING OFFICE USE	
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, fundement will not fit in line 1b, leave all of item 1 blank, check here and provide	Il name; do not omit, modify, or abbreviate e the Individual Debtor information in item 1			
1a. ORGANIZATION'S NAME EMSI Acquisition, Inc.				
1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
MAILING ADDRESS 3050 Regent Boulevard, Suite 400	Irving	STATE TX	75063	USA
	Il name; do not omit, modify, or abbreviate e the Individual Debtor information in item			
2a. ORGANIZATION'S NAME				
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
LES THE STATE OF STAT				1
MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
MAILING ADDRESS SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SEC	CURED PARTY): Provide only one Secured			COUNTRY
	CURED PARTY): Provide only one Secured			COUNTRY
MAILING ADDRESS SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SEC	CURED PARTY): Provide only one Secured	l Party name (3a or 3t		COUNTRY

5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions)	being administered by a Decedent's Personal Representative
6a. Check only if applicable and check only one box:	6b. Check only if applicable and check only one box:
Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility	Agricultural Lien Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Bu	yer Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:	4004.0000

1624 62937

UCC	FINANCING	STATEMENT	ADDENDUM
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EMSI Acquisition, Inc. 9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX THE ABOVE SPACE IS FOR FILING OFFICE USE of the Debtor of the Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c 10a. ORGANIZATION'S NAME INDIVIDUAL'S SURNAME INDIVIDUAL'S SURNAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS CITY STATE POSTAL CODE CC ADDITIONAL SECURED PARTY'S NAME 11a. ORGANIZATION'S NAME: Provide only goe name (11a or 11b) 11a. ORGANIZATION'S NAME	i, fuil name;
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ADDITIONAL SPACE FOR ITEM 4 (Collateral):	
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If Debtor does not have a record interest):	
AISCELLANEOUS:	

				U.C.C Filed: 06	Department of State . Filing Section .57 PM 04/26/2019 Filing No: 2019 291489
UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS				Service Requ	est No: 20193256399
A. NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294					
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
1624 63651 CSC	\neg				
801 Adlai Stevenson Drive Springfield, IL 62703					
Filed Ir	n: Delaware (S.O.S.)				
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DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full	name; do not omit, mo				
		nformation in item 10 of the Fin			
1a. ORGANIZATION'S NAME EMSI Holdco, Inc.			·		
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL!	JANAE	ADDITION	NAL NAME(S)/INITIAL(S)	SUFFIX
ID. HUDVIDORES SURVAME	FIRST FERSONALT	NAME	ADDITIO	AND MANUELO / MANUELO /	John
1c. MAILING ADDRESS 3050 Regent Boulevard, Suite 400	CITY		STATE	POSTAL CODE	COUNTRY
occorragem Dealera, ealer rec	Irving		TX	75063	USA
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full	name; do not omit, mo	dify, or abbreviate any part of t	ne Debtor'	s name); if any part of the li	ndividual Debtor's
name will not fit in line 2b, leave all of item 2 blank, check here and provide	the Individual Debtor i	nformation in item 10 of the Fin	ancing Sta	tement Addendum (Form L	CC1Ad)
2a. ORGANIZATION'S NAME					
OR 2b. INDIVIDUAL'S SURNAME	Jaion agains		ADDITION	(A) A) A) A) (A) (A) (A) (A) (A) (A) (A)	Tourne
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2c. MAILING ADDRESS	CITY	- 10.74	STATE	POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED		e only <u>one</u> Secured Party name	(3a or 3b)	
3a. ORGANIZATION'S NAME MIdCap Financial Trust, as Age	ent				
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL I	NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
S. HOTTEGAL S GUITANIE	I MOT PERSONAL I	WANTE	ADDITIO	WE INVIDE (O) MINIME(O)	JOHN
3c. MAILING ADDRESS 7255 Woodmont Avenue, Suite 200*	CITY		STATE	POSTAL CODE	COUNTRY
1200 Hoddmont Avenue, Guite 200	Bethesda		MD	20814	USA
4. COLLATERAL: This financing statement covers the following collateral:	-5				

5. Check only if applicable and check only one box: C	collateral is held in a	Trust (see UCC1Ad, item 17 and	Instructions)	being administered by a Deced	tent's Personal Representativ
6a. Check only if applicable and check only one box:				6b. Check only if applicable and	d check only one box:
Public-Finance Transaction Manu	factured-Home Transaction	on A Debtor is a Trans	mitting Utility	Agricultural Lien	Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable):	Lessee/Lessor	Consignee/Consignor	Seller/Buy	rer Bailee/Bailor	Licensee/Licensor

See Exhibit A attached hereto and made a part hereof.

UCC FINANCING STATEMENT ADDENDUM FOLLOWINSTRUCTIONS

- 1.	ecause Individual Debtor name did not fit, check here		1			
ш	EMSI Holdco, Inc.					
ľ						
2	9b. INDIVIDUAL'S SURNAME					
-	FIRST PERSONAL NAME		ł			
	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX				
	DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name of				S FOR FILING OFFICE Utatement (Form UCC1) (use	
	do not omit, modify, or abbreviate any part of the Debtor's name) and enter the r 10a. ORGANIZATION'S NAME	mailing address in line 10c				
2	10b. INDIVIDUAL'S SURNAME					
	INDIVIDUAL'S FIRST PERSONAL NAME				W. W. A.	
	INDIVIDUAL S FIRST FERSONAL NAME					
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
C.	MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTR
	ADDITIONAL SECURED PARTY'S NAME OF ASSIGN	OR SECURED PARTY	'S NAME: Provide	only <u>one</u> na	ame (11a or 11b)	
I	TIB. ORGANIZATIONS NAME					
1	11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
:	MAILING ADDRESS	CITY	· · · · · · · · · · · · · · · · · · ·	STATE	POSTAL CODE	COUNTR
. /	ADDITIONAL SPACE FOR ITEM 4 (Collateral):			<u> </u>		
	This FINANCING STATEMENT is to be filed [for record] (or recorded) in the	14. This FINANCING STATI	EMENT:			w
	REAL ESTATE RECORDS (if applicable)	covers timber to be	cut covers as	-extracted o	collateral is filed as a	fixture filing
١			cut covers as	-extracted of	collateral is filed as a	fixture filing
١	REAL ESTATE RECORDS (if applicable) lame and address of a RECORD OWNER of real estate described in item 16	covers timber to be	cut covers as	-extracted o	collateral is filed as a	fixture filing
١	REAL ESTATE RECORDS (if applicable) lame and address of a RECORD OWNER of real estate described in item 16	covers timber to be	cut covers as	-extracted o	collateral is filed as a	fixture filing
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١	REAL ESTATE RECORDS (if applicable) lame and address of a RECORD OWNER of real estate described in item 16	covers timber to be	cut covers as	-extracted of	collateral is filed as a	fixture filing

Exhibit A To UCC Financing Statement

<u>Debtor</u> :	Secured Party:
EMSI Holdco, Inc. 3050 Regent Boulevard, Suite 400	MidCap Financial Trust, as Agent 7255 Woodmont Avenue, Suite 200
Irving, Texas 75063	Bethesda, Maryland 20814

Debtor pledges the following collateral:

- all of the stock, shares, membership interests, partnership interests and (a) other equity ownership interests in EMSI Acquisition, Inc. (the "Company") now or hereafter held by Debtor (collectively, the "Ownership Interests") and all of Debtor's rights to participate in the management of Company, all rights, privileges, authority and powers of Debtor as owner or holder of its Ownership Interests in Company, including, but not limited to, all contract rights, general intangibles, accounts and payment intangibles related thereto, all rights, privileges, authority and powers relating to the economic interests of Debtor as owner or holder or its Ownership Interests in Company, including, without limitation, all investment property, contract rights, general intangibles, accounts and payment intangibles related thereto, all options and warrants of Debtor for the purchase of any Ownership Interest in Company, all documents and certificates representing or evidencing the Debtor's Ownership Interests in Company, all of Debtor's right, title and interest to receive payments of principal and interest on any loans and/or other extensions of credit made by Debtor to Company, and any other right, title, interest, privilege, authority and power of Debtor in or relating to Company, all whether existing or hereafter arising, and whether arising under any operating agreement, shareholders' agreement, partnership agreement or other agreement, or any bylaws, certificate of formation, articles of organization or other organization or governing documents of Company (as the same may be amended, modified or restated from time to time) or otherwise, or at law or in equity and all books and records of Debtor pertaining to any of the foregoing and all options, warrants, distributions, investment property, cash, instruments and other rights and options from time to time received, receivable or otherwise distributed in respect of or in exchange for any or all of such interests, and Debtor shall promptly thereafter deliver to Secured Party a certificate duly executed by Debtor describing such percentage interests, options or warrants and certifying that the same have been duly pledged hereunder;
- (b) all rights to receive cash distributions, profits, losses and capital distributions (including, but not limited to, distributions in kind and liquidating dividends and distributions) and any other rights and property interests related to the Ownership Interests;
- (c) all other securities, instruments or property (including cash) paid or distributed in respect of or in exchange for the Ownership Interests, whether or not as part of or by way of spin-off, merger, consolidation, dissolution, reclassification, combination or exchange

of stock (or other Ownership Interests), asset sales, or similar rearrangement or reorganization or otherwise; and

(d) all proceeds (both cash and non-cash) of the foregoing, whether now or hereafter arising with respect to the foregoing.